

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HEALTHCARE SYSTEMS**

In re: Robert Waddington

Petition No. 2004-0226-028-001

**REINSTATEMENT CONSENT ORDER**

WHEREAS, Robert Waddington of Scotland, Connecticut (hereinafter "respondent") has been issued license number 001949 to practice as a radiographer by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 376c of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent's license expired on August 31, 2001, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. At all relevant times, respondent was employed as a radiographer at Hartford Hospital in Hartford, Connecticut.
2. Respondent's license expired on August 31, 2001 and lapsed due to nonrenewal. Respondent has practiced without a license since that date.
3. That the conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

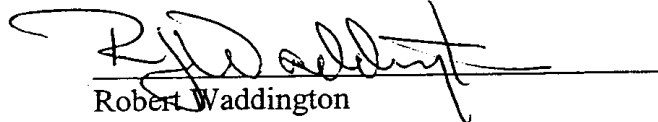
**ORIGINAL**

NOW THEREFORE, pursuant to §§19a-17 and 20-74cc of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. He waives his right to a hearing on the merits of this matter.
2. Respondent's license to practice as a radiographer shall be reinstated when he satisfies the requirements for reinstatement of his license, as set forth in §§19a-14-1 through 19a-14-5, inclusive, of the Regulations of Connecticut State Agencies, and this Reinstatement Consent Order is executed by all parties. Once said requirements are satisfied, respondent shall not practice as a radiographer until the Department's Office of Practitioner Licensing and Certification issues his license.
3. Respondent shall comply with all federal and state statutes and regulations applicable to his license.
4. Immediately upon issuance, respondent's license shall be reprimanded.
5. Respondent shall pay a civil penalty of three hundred dollars (\$300.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable at the time respondent submits the executed Consent Order to the Department.
6. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Certification of the Bureau of Healthcare Systems of the Department.
7. This Reinstatement Consent Order is effective when it is approved and accepted by a duly appointed agent of the Department.
8. Respondent understands this Reinstatement Consent Order is a matter of public record.

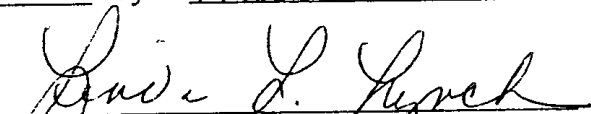
9. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Department in which (1) his compliance with this same Reinstatement Consent Order is at issue, or (2) his compliance with §20-74cc of the General Statutes of Connecticut, as amended, is at issue.
10. This Reinstatement Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that respondent may have under the laws of the State of Connecticut or of the United States.
11. This Reinstatement Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
12. Respondent permits a representative of the Department to present this Reinstatement Consent Order and the factual basis for this Reinstatement Consent Order to the Department. The respondent understands that the Department has complete and final discretion as to whether an executed Reinstatement Consent Order is approved or accepted.
13. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.
14. Respondent has had the opportunity to consult with an attorney prior to signing this document.

I, Robert Waddington, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.

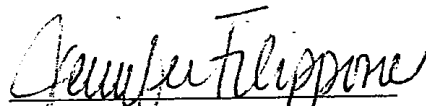
  
Robert Waddington

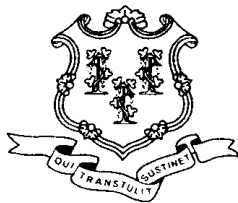
Subscribed and sworn to before me this 8<sup>th</sup> day of March 2004.

**LINDA L. LYNCH**  
**NOTARY PUBLIC**  
MY COMMISSION EXPIRES MAR. 31, 2006

  
Notary Public or person authorized  
by law to administer an oath or  
affirmation

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 10<sup>th</sup> day of March 2004, it hereby ordered and accepted.

  
Jennifer Filippone  
Public Health Services Manager  
Office of Practitioner Licensing and Certification  
Bureau of Healthcare Systems



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

March 10, 2004

Robert Waddington  
1925 Storrs Rd.  
Mansfield, CT 06268

Dear Mr. Waddington:

This is to advise you that you have completed all requirements for reinstatement of your Connecticut radiographer license. License number 001949 has been reissued effective the date of this letter.

Enclosed is a copy of the fully executed Reinstatement Consent Order in accordance with which your license is being reinstated.

You will receive your license in approximately eight (8) weeks, at your address of record. Instructions regarding future renewal will be enclosed. Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you would satisfy current licensing requirements. In order to avoid such a process, be sure to renew your license in a timely manner each year in the month of your birth.

It is your responsibility to notify the Department of Public Health, in writing, of any future changes of name and address. Such notification to the Department is required by law and failure to provide same will jeopardize the status of your license.

If you have any questions, please do not hesitate to contact this office at 860-509-7590.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen B. Carragher".

Stephen B. Carragher  
Health Program Supervisor  
Office of Practitioner Licensing and Certification

cc: Jennifer Filippone, Office of Practitioner Licensing and Certification  
Stanley Peck, Director, Legal Office  
Donna Brewer, Director, Public Health Hearing Office

SBC/hs

Petition Number: 2004-0226-028-001



Phone:

Telephone Device for the Deaf: (860) 509-7191

410 Capitol Avenue - MS # \_\_\_\_\_

P.O. Box 340308 Hartford, CT 06134

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